

POST OFFICE TO ADDRESSEE



EL634886135US

EL634886135US

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature of Addressee or Agent
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	X Name - Please Print X		

CUSTOMER USE ONLY
METHOD OF PAYMENT: Express Mail Corporate Acct. No. **X093936X**

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

FROM: (PLEASE PRINT) PHONE ()

ENZO BIOCHEM INC
527 MADISON AVE FL 9
NEW YORK NY 10022-4304

Enz-64 (CIP)

TO: (PLEASE PRINT) PHONE ()

Mail Stop - NoFee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

☐ **RETURN RECEIPT REQUESTED**

PRESS HARD. You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** www.usps.gov **EMS**

Mailing Label
Label 11-F July 1997

10/
F02
T12

POST OFFICE TO ADDRESSEE



EL634886135US

EL634886135US

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code 10022	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date In 1-28-04 Mo. Day Year	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 27.30	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In 03:41 <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight 3 lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature of Addressee or Agent
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials X093936X	Total Postage & Fees \$ 27.30	X Name - Please Print X		

CUSTOMER USE ONLY
METHOD OF PAYMENT: Express Mail Corporate Acct. No. **X093936X**

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

FROM: (PLEASE PRINT) PHONE ()

ENZO BIOCHEM INC
527 MADISON AVE FL 9
NEW YORK NY 10022-4304

Enz-64 (CIP)

TO: (PLEASE PRINT) PHONE ()

Mail Stop - NoFee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

☐ **RETURN RECEIPT REQUESTED**

PRESS HARD. You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** www.usps.gov **EMS**



Mailing Label
Label 11-F July 1997

10/
F01
T11

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mail Stop - No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>EL634886135US</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>			

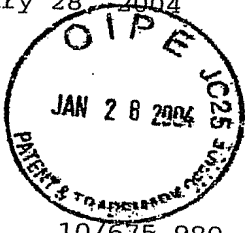
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mail Stop - No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>EL634886135US</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>			

Please date stamp and return to addressee.

APPLICANT: ILAN ET AL	<input checked="" type="checkbox"/> Express Mail Label No. EL634886135US
TITLE: GLUCOCEREBROSIDE TREATMENT OF DISEASE	<input type="checkbox"/> First Class Mailing Date
ENCLOSED ARE: <input type="checkbox"/> Application <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Assignment <input type="checkbox"/> Response to OA <input type="checkbox"/> Amendment <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Other (see below)	DATE MAILED: January 28, 2004
<input checked="" type="checkbox"/> INFORMATION DISCLOSURE STATEMENT	Serial No. 10/675,980
<input checked="" type="checkbox"/> TRANSMITTAL	Docket No. Enz-64 (CIP)
<input type="checkbox"/>	

Please date stamp and return to addressee.

APPLICANT: ILAN ET AL	<input checked="" type="checkbox"/> Express Mail Label No. EL634886135US
TITLE: GLUCOCEREBROSIDE TREATMENT OF DISEASE	<input type="checkbox"/> First Class Mailing Date
ENCLOSED ARE: <input type="checkbox"/> Application <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Assignment <input type="checkbox"/> Response to OA <input type="checkbox"/> Amendment <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Other (see below)	DATE MAILED: January 28, 2004
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<input checked="" type="checkbox"/> TRANSMITTAL	Docket No. Enz-64 (CIP)
<input type="checkbox"/>	





EXPRESS MAIL

UNITED STATES

EXTREMELY FAST
MAY 1991

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- 1. Print your name and address on the reverse so that we can return the card to you.
- 2. Attach this card to the back of the envelope or on the front if space permits.
- 3. Attach this card to the back of the envelope or on the front if space permits.

4. If Restricted Delivery is desired, check the box below. If you check this box, your mail will be delivered only to the addressee named below. If you do not check this box, your mail will be delivered to the addressee named below or to the nearest relative if the addressee is not found.

5. If you are sending a letter, check the box below. If you check this box, your letter will be delivered only to the addressee named below. If you do not check this box, your letter will be delivered to the addressee named below or to the nearest relative if the addressee is not found.

COMPLETE THIS SECTION ON DELIVERY

6. Signature of addressee (Print name if not signed)

7. Date of delivery (Month/Day/Year)

8. If you are sending a letter, check the box below. If you check this box, your letter will be delivered only to the addressee named below. If you do not check this box, your letter will be delivered to the addressee named below or to the nearest relative if the addressee is not found.

9. If you are sending a letter, check the box below. If you check this box, your letter will be delivered only to the addressee named below. If you do not check this box, your letter will be delivered to the addressee named below or to the nearest relative if the addressee is not found.

POST OFFICE TO ADDRESSEE



EL634B6135US

DELIVERY (POSTAL USE ONLY)

DATE IN	DATE OUT	DATE IN	DATE OUT
TIME	TIME	TIME	TIME
TIME	TIME	TIME	TIME
TIME	TIME	TIME	TIME

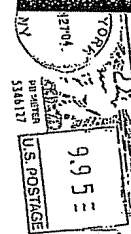
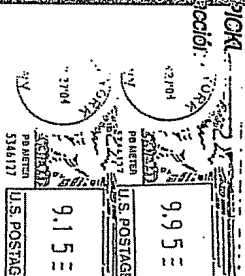
DELIVERY (POSTAL USE ONLY)

DATE IN	DATE OUT	DATE IN	DATE OUT
TIME	TIME	TIME	TIME
TIME	TIME	TIME	TIME
TIME	TIME	TIME	TIME

FROM: (Print name)
ENZO BIGHEN, INC.
527 MADISON AVE. FL. 9
NEW YORK
NY 10022-4304

TO: (Print name)
Mail Stop - NOPEE, Attention:
Commissioner for
P.O. Box 1450
Alexandria, VA
22304-1450

PRESS HARD FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.GOV



Mailing Label
Label 11-F July 1997

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ilan et al

Serial No. 10/675,980

Filed: September 30, 2003

Title: GLUCOCEREBROSIDE TREATMENT OF
DISEASE

Group Art Unit: Not yet known

Examiner: Not yet known

527 Madison Avenue, 9th Floor
New York, NY 10022-4304
January 28, 2004

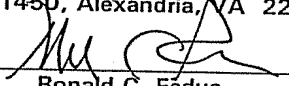
FILED BY EXPRESS MAIL

Mail Stop – PGPUB Drawings
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Dear Sirs:

Transmitted herewith for filing in the above-identified application are twenty-one (21) sheets of formal drawings (Figures 1 to 21).

EXPRESS MAIL CERTIFICATE	
"Express Mail" Label No.	<u>EL634886149US</u>
Deposit Date	<u>January 28, 2004</u>
I hereby certify that this paper and the attachments herein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
 Ronald C. Fedus Reg. No. 32,567	<u>JAN 28 2004</u> Date

Ilan, et al.

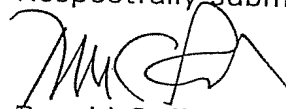
Serial No. 10/675,980

Filed: September 30, 2003

Page 2 (Transmittal of Formal Drawings – January 28, 2004)

Please charge any patent application processing fees under 37 C.F.R. §1.17
to Deposit Account No. 05-1135.

Respectfully submitted,



Ronald C. Fedus

Registration No. 32,567

Natalie Bogdanos

Registration No. 51,480

Attorneys for Applicants

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